839-1060

Please type a plus sign (+) inside this box =

PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number.

CORRESPONDENCE

ADDRESS INDICATION FORM

Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Direct all corresp	pondence to: Customer Number:	30024	Place Cus Number Label He	· Bar
OR	OR Type Customer Number here			
	Request for Customer Nu	mber (PTO/SB/125)	submitted herew	ith.
in the fo	ollowing listed application(
		on Number	Patent Date (if appropriate)	U.S. Filing Date
(appro)		81,632		October 18, 2001
				,
				neck ane)
Typed or Printed Name	Jei	Jeffry H. Nelson		Applicant or Patentee
Signature	JH Men			Assignee of record of the entire interest. Statement under 37 C.F.R. §
Date	April 5, 2004			3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202			Attorney or Agent of record 30,481 (Reg. No.)
	of all the in-nature or angionand of	second of the action interest of	their representative(s)) are required. Submit multiple forms if more

Total of Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

forms are submitted.